					ION OF HEA	LTH - STAND		_	- 1		_=6	2-03:	3276
DO NOT WRITE		NDED	Ţ		egistration District No	317Prim	ary Registration (District No	HRegistrer's	No. 240	8	STATE FILE NU	MBER
VS 300	1. 1. 1			FII	PLACE OF DEATH a. COUNTY	1962 t. Louis				iDENCE (Where de			Residence before admission)
Rev. 4/59	WENDE			_	b. CITY (If outside corr OR	porate limits, give TOWNS chmond Heights		Length of stay in 1	b c. CITY OR	Richmond H			Inside Limits Yes 7 No
14005 24005	DATE AMENDED			_		NOT in hospital, give locat St. Mary's I	on)	Inside Limits	d. STREET		f cutside, give	location)	Reside on Farm Yes □ No 🛎
3 2				3	. NAME OF DECEASED (Type or print)	First CLIFFORD	J	. SI	Less EGRIST	4. DATE OF DEATH	Month August	18th	Y•ar 1962
5 /				Ì	. sex Male	6. COLOR OR RACE White	7. Married 2	Divorced	□ 12 – 29 – 1	892 69	~	Nonths Days	IF UNDER 24 HR Hours Min.
6				Re	during most of working tired used ca	(Give kind of work done g life, even if retired) r dealer	self em	usiness or indus ployed Ther's maiden n	R	ACE (City and state of		2. CITIZEN OF VUS.	
8	1 1 1			15	Alexander S	IN U.S. ARMED FORCES?	16. SO	se Vinyard	. 17. INFORMAN	Agr	nes M. S	Siegrist	
9/63/			5	(Y - 	18. CAUSE OF DEATH	yes, give war or dates of s (Enter only one cause per DEATH WAS CAUSED BY:	ervic		Agnes M.	Siegrist,			ERVAL BETWEEN
11 6	9 9		DOCUMENT		PARI I.	IMMEDIATE CAUSE (a)	Canc	wow	tosis	- Spore	4 ca	lon	O THOUSE
13 46-0	INSTEA		OG -		which ga above co stating th	DUE TO (b) ove rise to ause (a), ause last. DUE TO (c)		una.	y en l	eugo			6moo
USE BLACK INK OR TYPEWRITER RIBBON AMENDMENTS ON				ICATION	PART II.	OTHER SIGNIFICANT CO disease condition given in	ONDITIONS CON PART I (a)	TRIBUTING TO DE	ATH but not relate	ed to the terminal	PART III.	If deceased there a pregnar	icy in last 90 days.
				L CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO	20a. ACCIDENT SUICIDE	HOMICIDE	20b. DESCRIBE I	HOW INJURY OCCU	RRED. (Enter nature o	of injury in PA	ART I or PART II	of item 18.)
				MEDICAL	20c. TIME OF Hour s.m. p.m.	Month, Day, Year	OF INHIBY (o.g.	:h h	20f. CITY, TOWN	L OR LOCATION		COUNTY	STATE
	Q Q				WHILE AT WORK I	farm, fa	ictory, street, off	ice bldg., etc.)	12/6 2-			100011	SIAIE
	JLD READ		:		21. I attended the dece Death occurred at.	Simany	HO	To on		and last saw him ove, and to the best	•	dge, from the ca	
US	SHOULD		VIT OF	-02	a. BURIAL, CREMATION,	Mursell 123b, DATE	23c, NAME	OF CEMETERY OR C	372 U	Wash.	my on	ar county)	22c PATE SIGNED
	EM NO.		AFFIDA\	Rei	REMOVAL (Specify) NOVAL Auto FUNERAL DIRECTOR	August 19,196	2 Catho	lic Cemete		Festus		Miss	souri
	ITE		B			ns. 6175 Delma		yand Embalman's Sta	7-19-6 2	2	Line. 1.	mufly!	mg.

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	(1 Com 1 C) . ()
Student	Signed . Wer Mague A
Signature of Student Embalmer	Licensed Embalmer No.
	ticensed Embainer No.
	P. O. Address
	(Lug / 8-6V
Note: The above MUST BE SIGNED BY THE LIC	ENSED EMBALMER in his OWN HANDWRITING/ (Failure to comply

If this body is not embalmed, fact should be so stated above.